MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Hyattsville
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7702 Colesville Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Hyattsville Md
STREET ADDRESS (If rural, give location) 7702 Colesville Rd

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) GORDON (Last) ABRAMS

4. DATE OF DEATH (Month) May (Day) 9 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5/1/1869
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Commerce Dept
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Geo B Abrams
14. MOTHER'S MAIDEN NAME Cornelia Posson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Geo T Abrams College Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Uremia	6 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Generalized Arteriosclerosis	10 yrs.
(c)		

4500

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy 30 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1950, to 5/9, 1952, that I last saw the deceased alive on 5/9, 1952, and that death occurred at 11:25 p.m., from the causes and on the date stated above.

SIGNATURE Wm H Holbrook (Degree or title) M.D. ADDRESS College Park Md. DATE SIGNED 5/12/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/12/52
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. May 12 1952
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR F Gasche sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5506

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland
LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro, Md
STREET ADDRESS (If rural, give location) 5108 Marlboro Pike

3. NAME OF DECEASED: (Type or Print) (First) Milton (Middle) (Last) ANDREWS

4. DATE OF DEATH: (Month) May (Day) 10, (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH: Dec. 25 1894

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer

10b. KIND OF BUSINESS OR INDUSTRY: Mahoney Wallpaper

11. BIRTHPLACE (State or foreign country): D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Andrews

14. MOTHER'S MAIDEN NAME: Lillian Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: 579-01-0903

17. INFORMANT & ADDRESS: Blanche Andrews

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Lobar pneumonia, rt. middle & left upper lobes

490X

Antecedent cause(s) DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c) Terminal Leukemia (stem cell type)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19 ..., to 5-10, 19 52, that I last saw the deceased alive on 5-10, 19 52, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M. D. ADDRESS College Park, Md DATE SIGNED 5-10-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5/13/52

NAME OF CEMETERY OR CREMATORY Washington National

LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. 5/13/52

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Gasch's sons Hyattsville Md ADDRESS

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

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RECEIVED
MAY 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05507

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY: Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHEVERLY
LENGTH OF STAY (in this place): 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3402 LAUREL AVE

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md Prince George's COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
STREET ADDRESS (If rural give location): 3402 Laurel Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): JOHN GRANT ARION
4. DATE OF DEATH (Month) (Day) (Year): MAY 30 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8/18/1872
9. AGE last birthday: 79 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: abraham arion
14. MOTHER'S MAIDEN NAME: sarah switzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Ivy waffle Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	
2040 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic Heart Disease	
	(c) Chronic Lymphatic Leukemia	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Neither
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to May, 1952, that I last saw the deceased alive on May 27, 1952, and that death occurred at 4:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. L. Etienne M.D. ADDRESS: College Park, Md DATE SIGNED: 5/30/52

23. BURIAL, CREMATION REMOVAL (Specify): transportation
DATE THEREOF: 5/31/52
NAME OF CEMETERY OR CREMATORY: staunton
LOCATION (City, town, or county) (State): Virginia

DATE REC'D BY LOCAL REG.: 5/31/52
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: F Rasche sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 3 1952
BUREAU V. S.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05508

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
LENGTH OF STAY (in this place) unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4623 49th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. Ga.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS 49th (If rural, give location) & Upshur

3. NAME OF DECEASED (Type or Print) (First) FANNIE (Middle) MAE (Last) BALL
4. DATE OF DEATH (Month) 5 (Day) 8 (Year) 1952
5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) unknown
8. DATE OF BIRTH 7
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY 7
11. BIRTHPLACE (State or foreign country) unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart	Apr. 24/52
502.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchitis (chronic)	1-2 yrs.
	(c) Exposure	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 24, 1952, to May 8, 1952, that I last saw the deceased alive on May 5, 1952, and that death occurred at 7.00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. W. Spiller ADDRESS M.D. DATE SIGNED 5-9-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 5/9/52
NAME OF CEMETERY OR CREMATORY Wm. Wirt Mt. School
LOCATION (City, town, or county) Baltimore City (State) Md.

DATE REC'D BY LOCAL REG. 5/9/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Frances A. Hemsley 5-78 ADDRESS Bladensburg

RECEIVED
MAY 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2265

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carol Heghlands
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7600 16th. Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carol Heghlands
STREET ADDRESS (If rural, give location) 7600 16th. Avenue

3. NAME OF DECEASED: (Type or Print) (First) MADISON (Middle) LYNES (Last) BARD

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: September 11, 1889
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Columbia, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jackson Lynes
14. MOTHER'S MAIDEN NAME: Ella Hensley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mabel L. Lozupone, 7600 16th Ave. Pr. Geo. Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis	4 mo
443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive Heart Disease	3 yr.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 28 1952, to May 24, 1952, that I last saw the deceased alive on May 24, 1952, and that death occurred at 10:30A.m., from the causes and on the date stated above.

SIGNATURE Ernest A. Sarao M.D. (DEGREE OR TITLE) ADDRESS 7006 New Hampshire Ave Takoma Park, Md DATE SIGNED 5/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 28, 1952
NAME OF CEMETERY OR CREMATORY Harsaw Cemetery
LOCATION (City, town, or county) Harsaw (State) Missouri

DATE REC'D BY LOCAL REG. May 24, 1952
REGISTRAR'S SIGNATURE James Tevey
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW ADDRESS Takoma Park, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Prince Georges

City or town: Seat Pleasant
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred: 6206 - Foot St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Tennessee County: Hamilton

City or town: Chattanooga
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 1013 - East 8th St.
(If rural give LOCATION)

2.(a) If veteran name war: X

3. (a) FULL NAME: Gertrude E. Bass

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: Col
6. (a) Single, married, widowed or divorced: widowed

6. (b) Name of husband or wife: Clarence J. Bass, MD

6. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 23, 1893

8. AGE: Years 58 | Months | Days | If less than one day hrs min

9. Birthplace: Little Rock, Arkansas
(Town, county, and state)

10. Usual occupation: Teacher

11. Industry or business: Public Schools

MOTHER FATHER

12. Name: Unknown

13. Birthplace: "

14. Maiden name: Florence Johnson

15. Birthplace: Unknown

16. Informant: Florence H. Bailey

Address: 6206 - Foote St. Pl. Ave.

17. Removal
(Burial, cremation, or removal "Which")

Date thereof: May 12 - 52
(month) (day) (year)

Cemetery or crematory

Location: Washington

18. Funeral director: M. Guire Funeral Service Inc.

Address: 1820 - 4th St. N.W.

19. May 12 1952
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 12 1952, at 7:40 AM

21. I CERTIFY that death occurred on the date above stated that I attended deceased from June 7 1950 to May 12 1952 and that I last saw him alive on May 12 1952

Immediate cause of death: Hy Per Tensive Cardio - Vascular Disease

DURATION

Due to:

Due to:

Other conditions: 443X
(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide or homicide. Date of

Where did injury occur? (City or town) County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [illegible] M.D. or other

Address: 3 - Hunt Pl. N.E. Date signed: 5-12-52

VS A15 9 45 15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

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RECEIVED
MAY, 15 1952
BUREAU [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brandywine
STREET ADDRESS (If rural, give location): Box 259

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): RICHARD ALYN BERKHEIMER
4. DATE OF DEATH (Month) (Day) (Year): May 9th 1952
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 10/21/35
9. AGE last birthday: 16 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Yorktown Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Dale E. Berkheimer
14. MOTHER'S MAIDEN NAME: Helen G. Giles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service): None
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Dale E. Berkheimer 7?1 8th St. S.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Brain Abscess, left, frontal

Antecedent cause(s) (b) —

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) —

INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: May 8, 52
19b. MAJOR FINDINGS OF OPERATION: Brain abscess, left frontal lobe
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 7, 1952, to May 9, 1952, that I last saw the deceased alive on May 9, 1952, and that death occurred at 1:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Harvey H Ammerman, M.D.
ADDRESS: 5440 Silver Hill Rd. Suitland
DATE SIGNED: May 9 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5/12/52
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG.: 5/10/52
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: W. W. Chambers Co.
ADDRESS: 517 11th St. S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
MAY 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits) write RURAL OR TOWN and give nearest town) Cheverly
LENGTH OF STAY (in this place) 5 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 3512 Shepherd St.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Blake (Last) Bourne

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 12-3-1878

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country) Calvert Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph B. Bourne

14. MOTHER'S MAIDEN NAME: Maria Gant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: 220-12-3628

17. INFORMANT & ADDRESS: Sarah Bourne 3512 Shepherd St Mt. Rainier Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Uraemia - Acute Urinary Retention — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Extrinsic Obstruction of Common Bile Duct — ?
DUE TO (c) Carcinoma of Kidney (right) & metastases. — ?

180X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..... , to ..... , 19..... , that I last saw the deceased alive on ..... , 19 ..... , and that death occurred at 12.10 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Benjamin S. Miller M.D. ADDRESS Mt Rainier — DATE SIGNED 5-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 5/23/52 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) Arlington Va. (State)

DATE RECD BY LOCAL REG. 5/24/52 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Malloy's Funeral Home — ADDRESS 3200 R.I. Ave. Mt. Rainier Md.

VS. A15 8-51

RECEIVED
MAY 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1281

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo. —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier, Maryland (If rural, give location)
STREET ADDRESS 3422 Newton Street —

3. NAME OF DECEASED. (Type or Print) (First) Alden (Middle) (Last) Brill —
4. DATE OF DEATH: (Month) May (Day) 2 (Year) 19 52

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: 7/6/1953
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clear Paint, Md.
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Talen Brill
14. MOTHER'S MAIDEN NAME: Ella Wymer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Florence Brill 3422 Newton St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Post Operative shock — INTERVAL BETWEEN ONSET AND DEATH 10 hrs

581.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Ligation of Hepatic + Gastric Arteries

DUE TO (c) Cirrhosis of Liver with Jaundice and Ascites 4 wks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 2, 1952
19b. MAJOR FINDINGS OF OPERATION: Cirrhosis of Liver; Ascites
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) May (Day) 2 (Year) 1952 (Hour) 11P M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 April, 1952 to 2 May, 1952, that I last saw the deceased alive on May 2, 1952, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE John H. Bayly (DEGREE OR TITLE) MD. ADDRESS 1835 Eye N.W., Wash., D.C. DATE SIGNED 3 May/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 5/6/52 NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery LOCATION (City, town, or county) Colmar Manor, Md. (State)
DATE REC'D BY LOCAL REG 5-4-52 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR: Nelley's Funeral Home Inc. ADDRESS 3200 P. O. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 7 19
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14 232

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: R#1 Box 349
STATE Md. COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) Nr Brown's Station

3. NAME OF DECEASED (Type or Print) (First) Larry (Middle) Edw (Last) Bruce
4. DATE OF DEATH: (Month) 5 (Day) 18 (Year) 52
5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 5-13-99
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Tobacco
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. L. E. Bruce Northeast Marlboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Vascular Accident	8 days
442 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerotic C V R Disease	Unk.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory street, office bldg., etc.) CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10-52 19.... to May 18, 1952, that I last saw the deceased alive on 18 May, 1952, and that death occurred at 3:25 pm from the causes and on the date stated above.

SIGNATURE Robert B. Carson (DEGREE OR TITLE) M D ADDRESS Upper Marlboro Md DATE SIGNED May 18, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/21/52
NAME OF CEMETERY OR CREMATORY Grace Church Cem.
LOCATION (City, town, or county) Cigmont (State) Va.
DATE REC'D BY LOCAL REG. May 18 1952
REGISTRAR'S SIGNATURE John F. Danner
24. FUNERAL DIRECTOR Richard J. Coleman ADDRESS Upper Marlboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 20
BUREAU V. S.

Item 8 Film 14[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

COUNTY Prince George — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 18 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Prince [illegible]

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenwood

STREET ADDRESS (If rural, give location) 4307-46th St

3. NAME OF DECEASED: (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Mae	V	Burns	May	24	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	5-2-1911	41 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): Mass

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John McDonald

14. MOTHER'S MAIDEN NAME: Margaret McGrady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or UNK.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY No.: 029 20-3685

17. INFORMANT & ADDRESS: George P. Burns 4307-46th St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

			Interval Between Onset and Death
Immediate cause	(a) Hepatic Coma.	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertrophic Portal Cirrhosis.	DUE TO	
	(c)		

5819

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Ascites, Jaundice.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19 ..., and that death occurred at 4:20 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Benjamin S. Miller M.D. ADDRESS Mt Rainier DATE SIGNED May 24 1952

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-27-1952	Mt. Olivet Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-26-52	Amanda Downey	Valley's Funeral Home	3200-Rhode Island Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

RECEIVED
MAY 29 1972
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

15516

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A1

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6909 Carlton Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 6909 Carlton Terrace

3. NAME OF DECEASED (Type or Print): (First) MAY (Middle) (NMI) (Last) BUTLER

4. DATE OF DEATH: (Month) May (Day) 27th, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 15/1871

9. AGE last birthday: 80 yrs. — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John A. Butler

14. MOTHER'S MAIDEN NAME: (Unknown) McDermott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: John F. Clagett, 6909 Carlton Terrace College Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset and Death: 6 mo.

157X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Pancreas — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1952, to May 27, 1952, that I last saw the deceased alive on May 24, 1952, and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE, (Degree or title) M.D. ADDRESS 4314 Gallatin St. Hyattsville, Md. DATE SIGNED 5/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 29/1952 — NAME OF CEMETERY OR CREMATORY: Trinity Church Cem. — LOCATION (City, town, or county) (State): Upper Marlboro, Pr. Geo. Md.

DATE REC'D BY LOCAL REG.: May 27/1952 — REGISTRAR'S SIGNATURE: James Leary

24. FUNERAL DIRECTOR — ADDRESS: W.W. Chambers Company, Riverdale, Md.

RECEIVED
MAY 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P g
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 4506 Rhode Island Ave

3. NAME OF DECEASED: (Type or Print) (First) Evelyn (Middle) (Last) Byrd

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: June 1, 1880
9. AGE last birthday: 72 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Woodruff, S.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Pearson
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Octavia Thomas - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Subarachnoid Hemorrhage
DUE TO
4½ X Antecedent cause(s) Hypertensive Cardio-vascular
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Disease
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH 2

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-7, 1952, to 5-9, 1952, that I last saw the deceased alive on 5-9, 1952, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

SIGNATURE [signature] DEGREE OR TITLE, ADDRESS [illegible] College Park Md. DATE SIGNED 5-10-5

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF 5/10/52
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG 5/10/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W Ernest Jarvis Co
ADDRESS 1432 Good St NW Wash 9 DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
MAY 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover, Maryland
STREET ADDRESS (If rural, give location) 8301 Ardmore Road

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) MARIE (Last) Cantrall
4. DATE OF DEATH: (Month) May (Day) 21, (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: Feb. 9, 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) CLEVELAND OHIO
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes give war or dates of service) NONE
16. SOCIAL SECURITY No.: UNKNOWN
17. INFORMANT & ADDRESS: HENRY A. CANTRALL - 8301 ARDMORE RD LANDOVER, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Superior mesenteric artery thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 hrs.

450.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Thrombosis of Celiac Axis

DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1952, to 5/21, 1952 that I last saw the deceased alive on 5/21, 1952 and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frederick E. Musser M.D. 5409 Varnum St 5/21/52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF MAY 27/52
NAME OF CEMETERY OR CREMATORY WASH. NAT'L CEM.
LOCATION (City, town, or county) SUITLAND, PR. GEO. (State) MD

DATE REC'D BY LOCAL REG. 5-23-52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. CHAMBERS Co ADDRES RIVERDALE MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WS-118 8-51

RECEIVED
MAY 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 I-51

1. PLACE OF DEATH:
   COUNTY Prince George's
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lyattsville
   LENGTH OF STAY (in this place) 17 Mos.
   HOSPITAL OR INSTITUTION, OR STREET ADDRESS Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Md. COUNTY Prince George's Co.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsburg
   STREET ADDRESS 835 (If rural, give location) Linwood Ave

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Josephine (Last) Caulfield.

4. DATE OF DEATH: (Month) 5 (Day) 6 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: ?

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired teacher

10b. KIND OF BUSINESS OR INDUSTRY: Teacher

11. BIRTHPLACE (State or foreign country): Pittsburgh Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS. Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arterio-selerosisa Senility. — Interval between onset and death: 2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Coronary Occlusion — 2 hours

(c)

4 20.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION. 19b. MAJOR FINDINGS OF OPERATION.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 30, to May 6, 1952, that I last saw the deceased alive on May 3, 1952 and that death occurred at 3 P m. from the causes and on the date stated above.

SIGNATURE Philip A. Caulfield MD (DEGREE OR TITLE) (ADDRESS) DATE SIGNED May 6 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Interment — DATE THEREOF 5-7-52 — NAME OF CEMETERY OR CREMATORY Calvary — LOCATION (City, town, or county) (State) Pitts, Pa

DATE REC'D BY LOCAL REG. 5-7-52 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR Donlon Funeral Home — ADDRESS 3831 - 4th Ave N. W.

5/10/1952 James Leary

RECEIVED
MAY 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 43

1. PLACE OF DEATH
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 3900 Hamilton St.

3. NAME OF DECEASED (Type or Print): (First) Roland (Middle) D. (Last) Clark

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 16, 1898

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): D.C.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Clark

14. MOTHER'S MAIDEN NAME: Mary Catins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Iena L. Clark — 3900 Hamilton St., Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of stomach — Interval Between Onset and Death: 9 mos

151X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1952, to 5/25, 1952, that I last saw the deceased alive on 5-25, 1952, and that death occurred at 12 Noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Howard Hays — ADDRESS: Hyattsville Md — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 28, 1952

NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery

LOCATION (City, town, or county) (State): 3201 Bladensburg Rd., D.C.

DATE REC'D BY LOCAL REG.: May 26, 1952

REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR: Chas. Chas. Sullivan Sons — ADDRESS: 5103 Ga. Ave., D.C.

RECEIVED
MAY 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

21

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) 33 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 4609 Cherry Hill Rd.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Hubbard (Last) Clower
4. DATE OF DEATH (Month) May (Day) 18 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 26, 1882
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. Production
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mississippi
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Monroe Clower
14. MOTHER'S MAIDEN NAME Hester Ann McGee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Record Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive Heart Failure

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 1952, that I last saw the deceased alive on [illegible], 1952, and that death occurred at 2 A m, from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 5-1-52

23. BURIAL, CREMATION, REMOVAL (Specify) transportation
DATE THEREOF 5/18/52
NAME OF CEMETERY OR CREMATORY Durant
LOCATION (City, town, or county) Mississippi (State)
DATE REC'D BY LOCAL REG. 5-18-52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gascha sons Hyattsville Md.
5-20-52 Janis Sevey

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A11

RECEIVED
MAY 21 1952
BUREAU N. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05522

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH.

County: Pr Georges

City or town: Seat Pleasant Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 Years

Hospital, institution, or street address where death occurred: 508 60th Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Pr Georges Co

City or town: Seat Pleasant Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 508 - 68th St
(If rural give LOCATION)

2. (a) If veteran name war: None

3. (a) FULL NAME: Blanche Louise (LUCILLE) Cockrell

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6. (b) Name of husband or wife: Scott Barrett Cockrell

6. (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 6 1879

8. AGE: Years 72 | Months 9 | Days 2. | If less than one day: hrs. min.

9. Birthplace: Nashville Tenn.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

MOTHER FATHER

12. Name: George Dismuker

13. Birthplace: Tenn

14. Maiden name: Agnes Harrison

15. Birthplace: Tenn

16. Informant: Mrs Blanche Donn

Address: 508 60th St Seat Pleasant Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 23 1952 (month) (day) (year)

Cemetery or crematory: Souls Chapel

Location: Macon Miss

18. Funeral director: W W Chambers Co

Address: 517-11 St S.E.

19. May 21 1952 (Date rec'd by registrar) Currie F. Campbell, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 20 1952 at 7:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16 1952 to May 20 1952 and that I last saw her alive on May 20 1952

Immediate cause of death: Acute Congestive Heart Failure — DURATION: 30 min

Due to: Acute Coronary Insufficiency — 5 Months

Due to:

Other conditions: Generalized Arteriosthlerosis (?)

42 /
(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE. If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [illegible] M.D.
7005 Ritchie Road SE
Address: Wash. 19 D.C.
M. D. or other

Date signed: 5/20/52

VS 9-45 15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 23 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS. A10-8-51

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland
LENGTH OF STAY (In this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier, Md.
STREET ADDRESS (If rural, give location) 3607 Oak Lane

3. NAME OF DECEASED: (Type or Print) (First) Ricardo (Middle) L (Last) Cortez

4. DATE OF DEATH: (Month) May (Day) 1, (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify).

8. DATE OF BIRTH: Nov. 18 1945

9. AGE last birthday: 6 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Cortez, Gabrielle

14. MOTHER'S MAIDEN NAME: Anna Bruce

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Agnes Cortez 3607 Oak Lane Mt. Rainier

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cachexia, Malnutrition DUE TO

204.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Acute Lymphatic Leukemia DUE TO — Interval Between Onset and Death: Jan 11-52

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11 ...., 19 52, to 5-1 ....., 19 52, that I last saw the deceased alive on 5-1 ....., 19 52, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Dwight Hagerdorn M.D. 3717-38th Ave College Park Md 5/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 5/5/52 — NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery — LOCATION (City, town, or county) Bladensburg — (State) Md

DATE REC'D BY LOCAL REG. 5-4-52 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS Patrick Funeral Home Inc. 3200 Rhode Island Ave. Mt. Rainier, Md.

RECEIVED
MAY 7 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Hills
STREET ADDRESS (If rural, give location) 3415 - Purdue St

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) Ellis (Last) Day

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid
8. DATE OF BIRTH: 9-1-1875
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Laborer foreman Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.Y.
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Ellis Day
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY No.: 205-07-8638
17. INFORMANT & ADDRESS: Harry Day University City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 2 days

420.1 Antecedent cause(s) DUE TO (b) arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) senility

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: 19b MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1952, to May 24, 1952, that I last saw the deceased alive on May 24, 1952, and that death occurred at 6.15 A.m., from the causes and on the date stated above.

SIGNATURE Irwin M. Grassgreen (DEGREE OR TITLE) M.D. ADDRESS 2503 Queens Chapel Rd, Mt Rainier, Md DATE SIGNED 5/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): transported DATE THEREOF 5/24/52 NAME OF CEMETERY OR CREMATORY Allentown LOCATION (City, town, or county) Pa (State)

DATE REC'D BY LOCAL REG. 5/24/52 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR F. Gaschasone Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 26 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A151

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5905 Cleveland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 5905 Cleveland Ave.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Alexander (Last) Dodge
4. DATE OF DEATH (Month) May (Day) 24th (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept 7th 1876
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book-binder (Retired)
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt Pr. Office
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Lane Dodge
14. MOTHER'S MAIDEN NAME Mary Lane Small
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs Elizabeth D Klein - 5905 Cleveland Ave. Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of colon

153 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 9 mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 10-17-51
19b. MAJOR FINDINGS OF OPERATION Carcinoma Colostomy
20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1952, to May 24, 1952, that I last saw the deceased alive on May 24, 1952, and that death occurred at 8:28 A m., from the causes and on the date stated above.

SIGNATURE Howard Hay (Degree or title) ADDRESS Hyattsville, Md. DATE SIGNED May 5/24/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/26/1952
NAME OF CEMETERY OR CREMATORY Glenwood Cem
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. May 24, 1952
REGISTRAR'S SIGNATURE James C Every
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Riverdale Md

RECEIVED
MAY 27 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: PRINCE GEORGE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LANHAM, Md — LENGTH OF STAY (in this place): 1 YEAR
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LANHAM
STREET ADDRESS (If rural, give location): Box 285 PRINCESS GARDEN Rd.

3. NAME OF DECEASED (Type or Print) (First) NINA (Middle) MAE (Last) DORSCH
4. DATE OF DEATH (Month) MAY (Day) 11 (Year) 1952
5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: 4/24/1891
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Abel
14. MOTHER'S MAIDEN NAME: MARY E. Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Fred. A Hoppe, Princess Garden Rd. Lanham, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Cervix

171X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/8, 1950, to 5/11, 1952, that I last saw the deceased alive on 3/4, 1952, and that death occurred at 6:50 A m., from the causes and on the date stated above.

SIGNATURE: Frederick E. Mussen (Degree or title) MD — ADDRESS: 7409 Varnum St. Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: 5/11/52 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln — LOCATION (City, town, or county) (State): Bladensburg, Md

DATE REC'D BY LOCAL REG.: 5-11-52 — REGISTRAR'S SIGNATURE: Amanda Coroney — 24. FUNERAL DIRECTOR: W. Chamberlain — ADDRESS: 517-11th St. S.E. Wash D.C

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

21
Reg. Dist No 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A1

1 PLACE OF DEATH:
COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural give location) 419 60th Ave.

3 NAME OF DECEASED. (Type or Print) First: Charles Middle: B Last: Dove

4 DATE OF DEATH: Month May Day 25 Year 19 52

5 SEX: male

6 COLOR OR RACE: White

7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8 DATE OF BIRTH: Sept. 7, 1879

9 AGE Last birthday: 73 yrs.
If UNDER 1 YEAR Months Days
If UNDER 24 HRS Hours Min.

10a USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Farmer & Trapper

10b. KIND OF BUSINESS OR INDUSTRY:

11 BIRTHPLACE (State or foreign country): Washington D.C.

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT & ADDRESS.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Carcinoma of Prostate with metastases

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 3 years

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY Home farm, factory, street, office bldg., etc. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15 ,1949, to 5/25 ,1952, that I last saw the deceased alive on 5/25 ,1952, and that death occurred at 10:45 A.M. from the causes and on the date stated above

SIGNATURE William Brown M.D. (Degree or title) ADDRESS 614 Central Ave, Capitol Heights Md DATE SIGNED 5/25/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/28/52 NAME OF CEMETERY OR CREMATORY Rock Creek LOCATION (City town or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 5/26/52 LOCAL REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Co. 517 11th St. S.E. Wash. D.C.

RECEIVED
MAY 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 28

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1 PLACE OF DEATH.
COUNTY Prince Georges. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly. LENGTH OF STAY (in this place) 1 day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS If rural give location 4737 Baltimore Ave

3. NAME OF DECEASED: (Type or Print) First, Ruth (Middle) (Last) Duley

4 DATE OF DEATH (Month) May (Day) 29 Year 1952

5. SEX: Female 6. COLOR OR RACE. W 7 SINGLE, MARRIED WIDOWED, DIVORCED, (Specify): Widow 8 DATE OF BIRTH 9-5-1890 9 AGE last birthday. 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife 10b. KIND OF BUSINESS OR INDUSTRY: own home 11 BIRTHPLACE (State or foreign country) D.C. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Howlin 14. MOTHER'S MAIDEN NAME: Alta Berkley

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO 16. SOCIAL SECURITY No.: NONE 17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Cerebral Accident

443X Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Hypertensive Heart Disease.

(c)

Interval Between Onset And Death

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-28, 1952 to 5-29, 1952 that I last saw the deceased alive on 5-28, 1952, and that death occurred at 1:10 AM from the causes and on the date stated above.

SIGNATURE C. Deet (Degree or title) (C.O.) ADDRESS Hyattsville, Md DATE SIGNED 5-29-52

23 BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/31/52 NAME OF CEMETERY OR CREMATORY Lt Lincoln LOCATION (City, town or county) Colmar Manor Md (State)

DATE REC'D BY LOCAL REGISTRAR 5/30/52 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR F. Goschi sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park Md
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS –

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park Maryland
STREET ADDRESS (If rural, give location) –

3. NAME OF DECEASED (Type or Print): (First) Lillie (Middle) Talbott (Last) Eversfield

4. DATE OF DEATH: (Month) May 21, (Day) 1952 (Year) 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed

8. DATE OF BIRTH: 4/23/1853

9. AGE last birthday: 99 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Benson Talbott

14. MOTHER'S MAIDEN NAME: Maria Hyde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ––

16. SOCIAL SECURITY NO. ––

17. INFORMANT AND ADDRESS: Lillian Eversfield College Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic [illegible]

Antecedent cause(s) (b) Carcinoma, [illegible]

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 5/23/52

NAME OF CEMETERY OR CREMATORY: St Johns Cemetery

LOCATION (City, town, or county) (State): Beltsville Md

DATE REC'D BY LOCAL REG.: May 23, 1952

REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Deputy Local

24. FUNERAL DIRECTOR: F. Gascha sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
MAY 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakeland
STREET ADDRESS (If rural, give location) Box 173

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) H (Last) Falls
4. DATE OF DEATH: (Month) 5 (Day) 6 (Year) 1952
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 12-25-99
9. AGE last birthday: 52 yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: W.S. Sanitation Comm.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Falls
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Subarachnoid [illegible]
DUE TO [illegible]
443X
Antecedent cause(s) (b) [illegible]
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO [illegible]
(c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH [illegible]

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5, 1952, to 5/6, 1952, that I last saw the deceased alive on 5/6, 1952, and that death occurred at 12 P.M. m., from the causes and on the date stated above.
SIGNATURE [illegible] (DEGREE OR TITLE) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 5-10-52 NAME OF CEMETERY OR CREMATORY Good Hope Cem. LOCATION (City, town, or county) Montgomery Co. (State) Md

DATE REC'D BY LOCAL REG May 7. 1952 REGISTRAR'S SIGNATURE Carrie F. Campbell 24. FUNERAL DIRECTOR Henry S. Washington + Sons ADDRESS 467 N. St. NW

VS. A16 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Ammendale Normal Institute

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ammendale (Beltsville P.O.); STREET ADDRESS (If rural, give location) Ammendale Normal Institute

3. NAME OF DECEASED (Type or Print): (First) Brother — (Middle) Peter — (Last) Felician

4. DATE OF DEATH: (Month) May — (Day) 4th — (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 5th 1879

9. AGE last birthday: 72 yrs. — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Christian Brother

10b. KIND OF BUSINESS OR INDUSTRY: Teacher

11. BIRTHPLACE (State or foreign country): Phila. Penna.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Henry (Unknown)

14. MOTHER'S MAIDEN NAME: Emilia Stange

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown, If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Brother James (Director) Ammendale Normal Inst. Ammendale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema.	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Cardiac Dilatation	1 hr.
	(c) Heart Attack	3/10/52

42.9

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20 AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1952 to 5/8, 1952 that I last saw the deceased alive on 4, 1952 and that death occurred at 11.30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): B. P. Warren MD — ADDRESS: Laurel Md — DATE SIGNED: 5/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 7 52 — NAME OF CEMETERY OR CREMATORY: Ammendale Normal Inst. — LOCATION (City, town, or county) (State): Ammendale, Md

DATE REC'D BY LOCAL REG.: May 6th 52 — REGISTRAR'S SIGNATURE: Irma A. Smith — 24. FUNERAL DIRECTOR: W. W. Chambers Co — ADDRESS: Riverdale Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 8 1952
BUREAU P. S.

532

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231.

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 5218 Tilden Rd.

3. NAME OF DECEASED (Type or Print) (First) Archibald (Middle) W. (Last) Fowler

4. DATE OF DEATH (Month) May (Day) 20 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH July 14 1880

9. AGE Last birthday 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Movie Projector operator

10b. KIND OF BUSINESS OR INDUSTRY Movie operator

11. BIRTHPLACE (State or foreign country) Washington D.C

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Philip W. Fowler

14. MOTHER'S MAIDEN NAME Mary E. Hurley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None

16. SOCIAL SECURITY No. 578-07-9053

17. INFORMANT AND ADDRESS Elizabeth B. Fowler (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute dilitation of heart — Interval between onset and death: few hrs.

442 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocarditis, hypertension & general — years.

(c) edema feet, legs & scrotum (C.V. Renal Disease)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1945, to May 20, 1952, that I last saw the deceased alive on May 19, 1952 and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Moore MD ADDRESS

DATE SIGNED 5/20/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF May 23-1952

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Suitland, Prince George, Md.

DATE REC'D BY LOCAL REG. 5/21/52

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR J. William Lee's Sons Co.

ADDRESS 300-4th St. N.E. Wash. D.C.

VS. A-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 26 1952
BUREAU V. S.

Item 18 Film J142 5-15-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16 8-51

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (if outside corporate limits write RURAL) OR TOWN and give nearest town: Cheverly, Md. — LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D. C — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C.
STREET ADDRESS (If rural, give location): 6501 Darney Rd.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Francis (Last)

4. DATE OF DEATH: (Month) 5 (Day) 3 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 1-16

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Generalized Carcinomatosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Primary: Larynx

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY: Home, farm, factory, street, office bldg., etc. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-30 1952, to 5-3 1952, that I last saw the deceased alive on 5-3 1952, and that death occurred at 11:10 a.m. m., from the causes and on the date stated above.

SIGNATURE: [illegible] (DEGREE OR TITLE) ADDRESS: College Park, Md. DATE SIGNED: 5-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5/5/52 — NAME OF CEMETERY OR CREMATORY: University Med. School — LOCATION (City, town, or county) (State): Balto. County

DATE RECD BY LOCAL REG. 5/5/52 — REGISTRAR'S SIGNATURE: Amanda Dorsey — 24. FUNERAL DIRECTOR: Frances G. Hemaley — ADDRESS: 578 W. Biddle St.

RECEIVED
MAY 7 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

534

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 14 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN E. Riverdale
STREET ADDRESS (If rural, give location) 6324 Patterson St.

3. NAME OF DECEASED (Type or Print) (First) Jay (Middle) Clyde (Last) Furry
4. DATE OF DEATH (Month) May (Day) 26 (Year) 1952
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 15, 1888
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architectural Eng.
10b. KIND OF BUSINESS OR INDUSTRY V. A.
11. BIRTHPLACE (State or foreign country) N. Y., N. Y.
12. CITIZEN OF WHAT COUNTRY? Am.
13. FATHER'S NAME Daniel Burger Furry
14. MOTHER'S MAIDEN NAME Mary Jane Snyder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. –
17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Spontaneous Bilateral pneumothorax — INTERVAL BETWEEN ONSET AND DEATH 1 day

520 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Left spontaneous pneumothorax — 3 mo.

(c) Healed Pulmonary Tb. — undetermined at least 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/22/ , 1946, to 5/26 , 1952, that I last saw the deceased alive on May 26, 1952 and that death occurred at 2:25 a. m., from the causes and on the date stated above.

SIGNATURE L. W. Malin MD (Degree or title) ADDRESS Riverdale Md DATE SIGNED 5-26-52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF May 28/52
NAME OF CEMETERY OR CREMATORY Washington Nat'l. Cem.
LOCATION (City, town, or county) Suitland Rd. Pr. Geo. (State) Md.
DATE REC'D BY LOCAL REG. May 27 1952
REGISTRAR'S SIGNATURE James Devaz
24. FUNERAL DIRECTOR W. W. Chambers Co. – Riverdale, Md ADDRESS

VS. A-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 29 1952
BUREAU OF I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 2702 - Allison St

3. NAME OF DECEASED: (Type or Print) (First) Rita (Middle) (Last) Gallagher

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1952

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 2-9-17
9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NON
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penn
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FREDERICK GALLAGHER
14. MOTHER'S MAIDEN NAME: FRANCES McGRANE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: M. J. McLaughlin 142 S Washington St. Wilkes-Barre, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary Edema, Ascites, Peripheral Edema
DUE TO
355 X
Antecedent cause(s) (b) Congestive Heart Failure
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Degenerative Disease of the Central Nervous System

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1, 1952 to 5-7, 1952, that I last saw the deceased alive on 5-7, 1952, and that death occurred at 11:50 P.m., from the causes and on the date stated above.
SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF MAY 8, 1952 NAME OF CEMETERY OR CREMATORY ST. CHARLES CEM LOCATION (City, town, or county) SUGAR NOTCH, PA. (State)

DATE REC'D BY LOCAL REG. 5/8/52 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR Joseph Gawler's Sons ADDRESS Wash. DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 16 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

36

Reg. Dist. No. 231

1. PLACE OF DEATH

COUNTY Prince George MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly

LENGTH OF STAY (in this place) 13 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5210 - Shadyside Ave., S E

STREET ADDRESS (If rural, give location) Washington, D C.

3. NAME OF DECEASED: (Type or Print) (First) Lucille (Middle) (Last) Good

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: April 3, 1888

9. AGE last birthday: 64 yrs

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housing

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Short

14. MOTHER'S MAIDEN NAME: Carrie Good

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Calvin Schaeffer 4701-Bennett Ave. Wash. 20, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock due to Generalized Peritonitis	24 hrs.
1st Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Postoperative large bowel resection	24 hrs.
	DUE TO (c) Carcinoma of Rectum c̄ perforation	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 5/17/52

19b. MAJOR FINDINGS OF OPERATION: Ca of Rectum c̄ Natural Spread

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 1952, to 5/20, 1952, that I last saw the deceased alive on 5/20, 1952, and that death occurred at 11:50 A.m., from the causes and on the date stated above.

SIGNATURE Robert J. O'Donnell MD (DEGREE OR TITLE) ADDRESS 2701-28th St NW Wash. DC DATE SIGNED 5/20/51

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 5/23/1952 NAME OF CEMETERY OR CREMATORY Washington Natl LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. 5-19-52 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Robert A Mattingly 131-11th St NE Wash. D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 22 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Belle Meade — LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4403 73rd Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Virginia — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Markham
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Franklin (Last) Gordon
4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 15, 1888
9. AGE last birthday: 63 yrs — If under 1 year: Months / Days — If under 24 hrs: Hours / Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: B. F. Gordon
14. MOTHER'S MAIDEN NAME: Susie Dove
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Son, 4403 73rd Ave., Belle Meade Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive Heart Failure

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular Renal Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE: [signature] (Degree or title) Dep. Med. Exam. — ADDRESS: Cheverly Hyattsville, Md. — DATE SIGNED: 6-1-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 52 — NAME OF CEMETERY OR CREMATORY: Fr. Lincoln Cemetery — LOCATION (City, town, or county): Colmar Manor Md. (State)
DATE REC'D BY LOCAL REG: 6-2-52 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: F. Gasch's Sons — ADDRESS: Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 538

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL LENGTH OF STAY and give nearest town) (in this place) Cheverly, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Bowie, Maryland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Andrew (Last) Haas
4. DATE OF DEATH (Month) May (Day) 29, (Year) 1952
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Dec. 13, 1951
9. AGE last birthday: yrs. 6 Months Days; IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired).
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md. D.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Haas, George Andrew
14. MOTHER'S MAIDEN NAME: Barnwell, Anna Marie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT & ADDRESS: Anna Marie Haas.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia confluent bilateral
491x DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 1 WEEK

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/29, 1952, to 5/29, 1952, that I last saw the deceased alive on 5/29, 1952, and that death occurred at 11 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Thomas A. Christensen Md
ADDRESS College Park Md
DATE SIGNED 5/29/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 31, 1952
NAME OF CEMETERY OR CREMATORY Lory Hill
LOCATION (City, town, or county) Laurel (State) Md

DATE REC'D BY LOCAL REGISTRAR May 31-1952
REGISTRAR'S SIGNATURE Mrs. Agnes M. Yingling
24. FUNERAL DIRECTOR Ridgley Selby
ADDRESS 401 Wash. ave Laurel Md

9VV19:V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUN 10
BUREAU V. S.

39

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md
LENGTH OF STAY (In this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Capitol Heights, Md
STREET ADDRESS (If rural, give location) 5889 Rawlings Ave

3. NAME OF DECEASED: (Type or Print) (First) Isaac (Middle) (Last) Hammond

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May 1, 1898
9. AGE last birthday: 54 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Employee
11. BIRTHPLACE (State or foreign country): Johnson City Tenn
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robt Hammond
14. MOTHER'S MAIDEN NAME: Rebecca Sampson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT & ADDRESS: Bobby C. Hammond, 5889 Rollins Ave. Capitol Hgts Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Congestive heart failure	2 wks
4501 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Myocardial infarction, anterior	2 wks
	DUE TO (c)	Coronary artery disease	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4/52, 19 5 to 5/19, 1952, that I last saw the deceased alive on 5/19, 1952, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE Julius Kauffman, M.D. (DEGREE OR TITLE) ADDRESS 5102 Annapolis Rd Bladensburg, Md DATE SIGNED 5/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF May 23 1952 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland, Md (State)

DATE REC'D BY LOCAL REG. 5/21/52 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR J. Wm. Lee Sons Co ADDRESS 300 4th St N E Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
MAY 26 1952
BUREAU V. S

40

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No 745

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
LENGTH OF STAY (In this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Seland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tuxedo Park
STREET ADDRESS (If rural, give location) 914 Glazewood Ave

3. NAME OF DECEASED (Type or Print) (First) Cora (Middle) Alma (Last) Harris

4. DATE OF DEATH (Month) May (Day) 5 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid
8. DATE OF BIRTH 5-10-1876
9. AGE last birthday 75 yrs. If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Rudolph F. Perkins
14. MOTHER'S MAIDEN NAME Susan Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Son - John Harris. Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertensive heart disease	
	(c)	Cardiovascular renal disease.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE John J. Maloney, M.D. (Degree or title) ADDRESS Cheverly Hyattsville, Md. DATE SIGNED 5-5-52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF May 5-52 NAME OF CEMETERY OR CREMATORY Chestnut Grove LOCATION (City, town, or county) Earlyville (State) Va

DATE REC'D BY LOCAL REG May 5th 1952 REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local. 24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4612 Ga Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

(T)

RECEIVED
MAY 8
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md. — LENGTH OF STAY (in this place) N.B.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Riverdale, (If rural, give location)
STREET ADDRESS 6300 Kennedy Street,

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Harrison
4. DATE OF DEATH: (Month) May (Day) 23, (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: May 22, 1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired).
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harrison, Andrew
14. MOTHER'S MAIDEN NAME: Haday, Olga

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Olga Harrison - E. Riverdale, Md. 6300 Kennedy St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Congenital heart disease — INTERVAL BETWEEN ONSET AND DEATH

754 L

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Trilocular cor (3 chambered heart)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/22, 1952 to 5/23, 1952 that I last saw the deceased alive on 5/23, 1952 and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE Thomas A. C. Christensen (DEGREE OR TITLE) ADDRESS College Park Md DATE SIGNED 5/25/52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation DATE TO FREE 5/26/52 NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REG. 5/28/52 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR Harry W Penn Jr ADDRESS Supt

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 29 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (in this place) 36 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 509 - Addison Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 509 - Addison Avad.

3. NAME OF DECEASED (Type or Print) (First) ALONZO (Middle) — (Last) HASTINGS

4. DATE OF DEATH (Month) May (Day) 3 (Year) 1952

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH March 30, 1870

9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Leather - worker

10b. KIND OF BUSINESS OR INDUSTRY Post Office Dept.

11. BIRTHPLACE (State or foreign country) Laurel Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Richard Hastings

14. MOTHER'S MAIDEN NAME Sarah Elizabeth Hitchens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) [illegible]

16. SOCIAL SECURITY No. [illegible]

17. INFORMANT AND ADDRESS Mrs. Trent - 419 - Addison Ave, St Pleasant Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Thrombosis	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	General arteriosclerosis with	10 years
	(c)	arteriosclerotic heart disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1942, to May 3, 1952, that I last saw the deceased alive on May 3, 1952, and that death occurred at 8:20 p m, from the causes and on the date stated above.

SIGNATURE William Brainin (Degree or title) MD ADDRESS 6124 Central Ave, Capitol Hyts Md DATE SIGNED 5/3/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 5/6/52 NAME OF CEMETERY OR CREMATORY Addison Chapel LOCATION (City, town, or county) Seat Pleasant (State) Md

DATE REC'D BY LOCAL REG. May 5, 1952 REGISTRAR'S SIGNATURE Carrie J. [illegible]

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517 11th St. S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 415

RECEIVED
MAY 9 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hattsville
STREET ADDRESS (If rural, give location) 5504 Newton Street

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) (Last) Hastings

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Nov. 6, 1873

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Mining & Mechanical Engineer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hastings

14. MOTHER'S MAIDEN NAME: Keziah Wooley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Margaret Bradshaw, 7713-Garland Ave, Takoma Pk. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolism.

2-4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Multiple fractures of right leg & compound. (c) fracture of Pelvis -

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street | (CITY OR TOWN) Cheverly Md. | (COUNTY) Prince George's | (STATE) Md

TIME OF INJURY: (Month) (Day) (Year) (Hour) 5 - 19 - 52 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? As Pedestrian Struck by automobile.

22 *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes , accident ☒ suicide , homicide , undetermined .*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

John D. Maloney, M.D. Dep Med Exam Cheverly Md - 5-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 25, 1952 | NAME OF CEMETERY OR CREMATORY: National Memorial Park | LOCATION (City, town, or county) (State): Falls Church, Virginia

DATE REC'D BY LOCAL REG.: 5/24/52 | REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Maloney's Funeral Home | ADDRESS: 3200 R.I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 26 1952
BUREAU V. S.

Items 13,14 Film G143 6/3/52 whw

14.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist No. 231

1. PLACE OF DEATH.
COUNTY Prince George MARYLAND
CITY (If outside corporate limits write RURAL LENGTH OF STAY OR TOWN and give nearest town) Cheverly (in this place) 15 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY P.G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 4013 Ingraham Street

3. NAME OF DECEASED. (Type or Print) First Alton Middle Graves (Last) Havens

4. DATE OF DEATH (Month) 5 (Day) 24 (Year) 1952

5. SEX. M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 10-2-93
9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Month Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired) Park Police
10b. KIND OF BUSINESS OR INDUSTRY. Dept. of Interior
11. BIRTHPLACE (State or foreign country U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franklin A. Havens
14. MOTHER'S MAIDEN NAME: Annie Mae Chambers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT & ADDRESS: Mrs. Estelle D. Havens (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Coronary thrombosis

4 Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 12 hr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION.
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24, 1952, to 5-24, 1952, that I last saw the deceased alive on 5-24, 1952, and that death occurred at 5:30 pm, from the causes and on the date stated above.

SIGNATURE R.W. Bowers M.D. (Degree or title) M.D. ADDRESS 4514 Gallatin St. Hyattsville, Md. DATE SIGNED 5-24-52

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial DATE THEREOF 5-27-52 NAME OF CEMETERY OR CREMATORY Fort Lincoln LOCATION (City, town, or county) Colmar Manor, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 5/25/52 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. Wm. Lee's Sons Co. ADDRESS 300-4th St. N.E., Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
MAY 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale — LENGTH OF STAY (In this place): 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eugene Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
STREET ADDRESS (If rural, give location): 4501 Queensbury Rd.

3. NAME OF DECEASED (Type or Print) (First): Virginia (Middle): Lee (Last): Herbert
4. DATE OF DEATH (Month): May (Day): 25 (Year): 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 11, 1952
9. AGE last birthday: — yrs. — If under 1 year: Months / Days 14 — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Riverdale, Md.
12. CITIZEN OF WHAT COUNTRY? Am.
13. FATHER'S NAME: Joseph Herbert
14. MOTHER'S MAIDEN NAME: Virginia Lee Duty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiration asphyxia — 30 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity Birth wt. 2# 8oz — 2 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1952, to May 25, 1952, that I last saw the deceased alive on May 25, 1952, and that death occurred at 10:50 p.m. from the causes and on the date stated above.

SIGNATURE: L. W. Malin MD (Degree or title) — ADDRESS: Riverdale, Md — DATE SIGNED: 5-26-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 28 May 52 — NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery — LOCATION (City, town, or county): Bladensburg, Md. (State)

DATE REC'D BY LOCAL REG: May 28, 1952 — REGISTRAR'S SIGNATURE: James Severy — 24. FUNERAL DIRECTOR: F. Hoschis Sons — ADDRESS: Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15-1

RECEIVED
MAY 29 1952
BUREAU V

46

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5340 Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5340 Baltimore Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Rosemary Howard

4. DATE OF DEATH (Month) (Day) (Year) 5 - 4 - 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Dec 7, 1892
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Colorado
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James William Hilleary
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Bertha Eisler, Daughter - Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion

(c) Cardiovascular renal disease.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY Home (farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While a work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find the said deceased died at the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Exam. Cheverly, Md. 5-4-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE FILED (FOR) 5/9/52
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REG. May 6 1952
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR F. Gasch & sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 8
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. N65

1. PLACE OF DEATH COUNTY: Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale Md.
LENGTH OF STAY (in this place): 4 mo. 7 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Leland Memorial 4408 Queensbury, Rd

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Hash. DC COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location): 2500 R. I. Ave. N.E.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Elizabeth (Last) Hurdle
4. DATE OF DEATH (Month) 5 (Day) 20 (Year) 52

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: 1/18/63
9. AGE last birthday: 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Tenleytown DC.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Thos. Henry Simpson
14. MOTHER'S MAIDEN NAME: Betty Elizabeth Hays

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senility, Inanition and hypostasis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broken R hip

(c)

INTERVAL BETWEEN ONSET AND DEATH: month / years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to May 20, 1952, that I last saw the deceased alive on May 19, 1952, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE: Chas. H. Wolohan (Degree or title) M.D. ADDRESS: 500 Underwood St NW. DATE SIGNED: 5/20/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF: 5-23-52
NAME OF CEMETERY OR CREMATORY: Forestville Md Episcopal
LOCATION (City, town, or county) (State): Forestville, Md.

DATE REC'D BY LOCAL REG.: May 20 1952
REGISTRAR'S SIGNATURE: James Sevag
24. FUNERAL DIRECTOR: Robert A. Mattingly
ADDRESS

RECEIVED
MAY 23
BUREAU W. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. R.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Jackson

4. DATE OF DEATH: (Month) May (Day) 16, (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 15, 1952

9. AGE last birthday: N.B. yrs. IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS: Hours 3 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jackson, Dennis

14. MOTHER'S MAIDEN NAME: Shipe, Virginia Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 12:30 A.M., from the causes and on the date stated above.

SIGNATURE Benjamin S. Miller (DEGREE OR TITLE) M.D. ADDRESS Mt. Rainier Md DATE SIGNED 5-16-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 5/17/52 NAME OF CEMETERY OR CREMATORY Manassas LOCATION (City, town, or county) Manassas Va. (State)

DATE REC'D BY LOCAL REG. 5/17/52 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Wallace Funeral Home ADDRESS 3200 [illegible] Rainier Md.

20 [illegible] 242 [illegible]

RECEIVED
MAY 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

49

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully (especially important). Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Virginia	Ann	Jones	May	10	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Single	March 14, 1952	yrs.	1	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Washington DC	U.S.A.

13. FATHER'S NAME: Wilson Watson
14. MOTHER'S MAIDEN NAME: Mary James

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Mary James, Dale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia

Antecedent cause (b) Bronchopneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: Month (Day) (Year) (Hour)	INJURY OCCURRED: While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22 *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Norman L. Boyd	M.D.	Forestville, Md.	5/10/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial		Woodmore, Md. - Holy Family Cemetery	near Mitchellville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-10-52	Louise H. Peach	Mary James' - (mother)	

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MAY 16 1952
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 5143

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 4 months & 8 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1919 6th St., N. W.

3. NAME OF DECEASED: (Type or Print) (First) CHINER (Middle) C. (Last) JOHNSON

4. DATE OF DEATH: (Month) May (Day) 22nd (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Separated

8. DATE OF BIRTH: Sept 16th 1914

9. AGE last birthday 37 yrs. IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kitchen helper

10b. KIND OF BUSINESS OR INDUSTRY: Crystal City Restaurant

11. BIRTHPLACE (State or foreign country): Orange, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Johnson

14. MOTHER'S MAIDEN NAME: Rachel Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unk.) No (If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO.: 223-22-0088

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO Pulmonary Tuberculosis — Interval Between Onset and Death 3yrs. 3mos.

0027 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/14/, 1952, to 5/22/, 1952, that I last saw the deceased alive on 5/22/, 1952, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Daniel Leo Finucane MD Glenn Dale Sanatorium Glenn Dale, Maryland 5/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 5/25/52 NAME OF CEMETERY OR CREMATORY Lewis Town Cemetery LOCATION (City, town, or county) (State) Locust Grove, Virginia

DATE REC'D BY LOCAL REG. 5/23/52 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Johnson Funeral Home, Locust Grove, Va. ADDRESS

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BUREAU V.

Item 18 Film G143 6-6-52

51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg Dist. No. 245

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier — LENGTH OF STAY (in this place): 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4030 - 34th Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier
STREET ADDRESS (If rural, give location): 4030 - 34th Street

3. NAME OF DECEASED (Type or Print) (First) James (Middle) H. (Last) Johnson
4. DATE OF DEATH (Month) 5 (Day) 29 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 7-2-1908
9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Canada Dry
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas A. Johnson
14. MOTHER'S MAIDEN NAME: Edith A. Parker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: 587-03-5881
17. INFORMANT AND ADDRESS: Nellie C. Davis, 4030-34th St., Mt. Rainier, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease.

(c) Rheumatic heart disease.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. ☐ PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, [illegible] on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Dep. Med. Exam. Cheverly, Md. May 29, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/31/52 — NAME OF CEMETERY OR CREMATORY: Forest Oak Cemetery — LOCATION (City, town, or county) (State): Gaithersburg, Md.

DATE REC'D BY LOCAL REG.: May 31, 1912 — REGISTRAR'S SIGNATURE: James Dewey
24. FUNERAL DIRECTOR — ADDRESS: Nelleys Funeral Home, 3200 - R.I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
LENGTH OF STAY (in this place) 35 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md.
STREET ADDRESS (If rural, give location) 4701 41st Pl

3. NAME OF DECEASED (Type or Print) (First) Priscilla (Middle) (Last) Johnson
4. DATE OF DEATH (Month) May (Day) 18 (Year) 1952
5. SEX F
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 10-11-1884
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Beltsville Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Reazin Lancaster
14. MOTHER'S MAIDEN NAME Rebecca Harrison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Robert H. Johnson 4701 41st Pl. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Cervix

171X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-15-43, to 5-17-52, that I last saw the deceased alive on 5-17-52, and that death occurred at 4 A m., on 5-18-52 from the causes and on the date stated above.

SIGNATURE J. C. Olivier M.D. (Degree or title) ADDRESS 1901-11th m DATE SIGNED 5-18-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 5-18-52
NAME OF CEMETERY OR CREMATORY H. S. Wash. & Son
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 5-18-52 5-20-52
REGISTRAR'S SIGNATURE Amanda Downey James Severy
24. FUNERAL DIRECTOR H. S. Washington & Sons
ADDRESS 467 "N" st N.W. Washington D.C.

RECEIVED
MAY 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park. LENGTH OF STAY (In this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Woods S.W. of Cherry Hill Trailer Camp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) Cherry Hill Trailer Park

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Clifford (Last) Johnston
4. DATE OF DEATH (Month) May (Day) 1 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 2, 1893
9. AGE last birthday 58 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Catherer
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Connecticut
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Johnston
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wife same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation

17 + X Antecedent cause (b) Hanging
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY Woods
(CITY OR TOWN) College Park - (COUNTY) Pr. Geo - (STATE) Md.
TIME OF INJURY (Month) 5 (Day) 1 (Year) 52 (Hour) m
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hanged self.

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, and that said deceased died on the day stated above, and death in my opinion resulted from natural causes, accident, suicide X, homicide, undetermined.

SIGNATURE John J. Maloney M.D. (Degree or title) Dep. Med. Exam. ADDRESS Cheverly Md. DATE SIGNED May 1, 1952

23. BURIAL CREMATION REMOVAL SPECIAL Cremation
DATE THEREOF 5/3/52
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. 5/3/52 REGISTRAR'S SIGNATURE Amanda Downey
5/5/52 James Severy
24. FUNERAL DIRECTOR F. Goschesons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct at especially important. Physicians: please write the causes of death clearly and legibly.

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MAY
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. . . . . .

54

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md. LENGTH OF STAY (in this place) No
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3204 Vancouver Ave Child Nurse Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE MD.
STREET ADDRESS (If rural, give location) 417 N. LINWOOD AVE

3. NAME OF DECEASED (Type or Print) (First) Anthony (Middle) N (Last) Lana

4. DATE OF DEATH (Month) 5 (Day) 12 (Year) 1952

5. SEX Male
6. COLOR OR RACE Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Child
8. DATE OF BIRTH 1/15/52
9. AGE last birthday yrs. If under 1 year Months 4 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Vincent Lana
14. MOTHER'S MAIDEN NAME MARGARET E. CERVIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT History at Living Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

351X

Immediate cause (a) Cerebral Palsy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Paralysis of respiratory & deglutitory muscles (c) Malnutrition dehydration

INTERVAL BETWEEN ONSET AND DEATH Bedroom

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. The child issues a spastic with loss of swallowing reflex

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10, 1952, to 5/12, 1952 that I last saw the deceased alive on 5/12, 1952, and that death occurred at 11:10 P m., from the causes and on the date stated above.

SIGNATURE Thomas A Christensen (Degree or title) MD ADDRESS College Park Md DATE SIGNED 5/12/52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 5/14-52
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) Baltimore Md (State)

DATE REC'D BY LOCAL REG. 5-13-52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Frank Della Noce ADDRESS 322 S. High St

201 2181 + 05

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)

LENGTH OF STAY (in this place) 840 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY -

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 1841 14th Street NW

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
BENNETT LEE	May 16 1952	MALE	NEGRO	Married	9-15-19.	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	-	South Carolina	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Eli Lee	Mamie Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
✓ Yes Army, 1943-1946	?	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	2 yrs 6 mths
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 27th, 1952, to May 16th, 1952, that I last saw the deceased alive on May 16th, 1952, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

SIGNATURE Daniel P. Pincare M.D. (DEGREE OR TITLE) ADDRESS Glenn Dale Sanatorium DATE SIGNED 5/17/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/21/52	Arlington Nat. Cemetery	Arlington	Va.

DATE RECD BY LOCAL REG. 5/17/52 — REGISTRAR'S SIGNATURE Lee Allen

24. FUNERAL DIRECTOR Hall Bros. Funeral Home — ADDRESS 621 Florida Ave. N.W. Wash. D.C.

RECEIVED
MAY. 27 1952
BUREAU V. S.

56

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No 231

1. PLACE OF DEATH:

County Prince George

City or town Md

(If outside city or town limits write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred. Prince George Co Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED.

(For newborn infants give residence of mother)

State Md County Prince George

City or town Hyattsville

(If outside city or town limits write RURAL and give nearest town)

Street No. 2901 Jamestown Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME SADIE LEVITT

3. (b) Social Security Number

4 Sex Female 5 Color or race White 6.(a) Single married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6.(c) If alive, give age years

7 Birth date of deceased (mo. day yr) ?

8. AGE: Years Months Days If less than one day hrs. min

70

9 Birthplace Russia (Town county and state)

10 Usual occupation

11 Industry or business

MOTHER FATHER

12 Name Isaac

13. Birthplace

14 Maiden name Mah.

15 Birthplace Russia

16. Informant Fillie Kroto Daughter

Address 2901 Jamestown Rd Hyattsville

17 Burial (Burial, cremation, or removal, Which?) Date thereof May-9-1952 (month (day) (year)

Cemetery or crematory

Location Portsmouth Va

18. Funeral director Goldberg Funeral Home

Address 4217-9th St. N.W. Washington DC

19 5/8/ (Date of registrar) 1952 Amanda Downey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May-8- 1952 at 1:45 a M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 4 1952 to May 8 1952 and that I last saw her alive on May 7 1952

Immediate cause of death Peritonitis DURATION 12 h

Due to Perforation of intestine 12 h

Due to Intestinal obstruction (i-unwillent) 2 years

Other conditions 5 Dis. (Include pregnancy within 3 months of death)

Major findings of operations

Date of op

Autopsy results

PHYSICIAN Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes fill in the following

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ronald S. Flesner M D or other

Address 5432 Queens Chapel Rd Hyattsville Md Date signed 5/8/52

VS A15 9 45 15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 12 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE'S MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN AMMENDALE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS AMMENDALE NORMAL INSTITUTE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY PRINCE GEOS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN AMMENDALE
STREET ADDRESS (If rural, give location) AMMENDALE NORMAL INSTITUTE

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) BRO FIRMUS LEWIS (MICHAEL McLAUGHIN)

4. DATE OF DEATH: (Month) (Day) (Year) MAY 14 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: JULY 18, 1869
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TEACHER
10b. KIND OF BUSINESS OR INDUSTRY: CHRISTIAN BROTHERS
11. BIRTHPLACE (State or foreign country): GUTTENBURG N.J.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MICHAEL McLAUGHLIN
14. MOTHER'S MAIDEN NAME: ELIZABETH HENRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: BRO. JAMES. DIRECTOR AMMENDALE N INSTITUTE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2 days
4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive Cardiovascular Renal Dis.	5 yrs
	DUE TO (c) Generalized Arteriosclerosis	15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION. 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4, 1939, to 5/12, 1952, that I last saw the deceased alive on 5/12, 1952, and that death occurred at ..... m., from the causes and on the date stated above

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
J. M. Warren M.D. Laurel Md 5/13/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF MAY 15, 1952
NAME OF CEMETERY OR CREMATORY AMMENDALE
LOCATION (City, town, or county) (State) AMMENDALE MD

DATE REC'D BY LOCAL REG. May 14 - 1952
REGISTRAR'S SIGNATURE Miss D. Smith
24. FUNERAL DIRECTOR W W Chambers Co.
ADDRESS Riverdale Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

358

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
LENGTH OF STAY (In this place) 8 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7103 Varnum Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
STREET ADDRESS (If rural, give location) 7103 Varnum Street

3. NAME OF DECEASED (Type or Print): (First) ALICE (Middle) (Last) MC DONALD

4. DATE OF DEATH: (Month) May (Day) 25th, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 5/1886

9. AGE last birthday: 65 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Munson, Penna.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Thomas Hart

14. MOTHER'S MAIDEN NAME: Elizabeth Blackburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): none

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Leroy T. McDonald, 113 Highland Rd. Glen Bernie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval between onset and death: 1 wks.

332 K Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1952, to 5/25, 1952, that I last saw the deceased alive on 5/25, 1952 and that death occurred at 6:48 p.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) Frederick E. Munn MD — ADDRESS 2709 Varnum St. — DATE SIGNED 5/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 27/1952 — NAME OF CEMETERY OR CREMATORY: Allport Cemetery — LOCATION (City, town, or county) (State): Allport, Penna.

DATE RECEIVED BY LOCAL REG. 5-26-52 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: W.W. Chambers Company, Riverdale, — ADDRESS Md.

RECEIVED
MAY 29 1952
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Hyattsville
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riggs Rd., Route 1.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairland
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Theodore (Middle) Otis (Last) McMullen
4. DATE OF DEATH: (Month, Day, Year) May 23, 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: March 1. 1874
9. AGE last birthday 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Contracting Builder
11. BIRTHPLACE (State or foreign country) Fairfax, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levi W. McMullen
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes Spanish-American
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Theodore Bruce McMullen, Riggs Rd Hyattsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Inanition	3 mo.
177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Adeno-carcinoma of prostate	9 mo.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diverticulosis, diverticulitis of colon Diverticula of the esophagus Years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) STATE
TIME OF INJURY (Month) (Day) (Year) Hour) M. INJURY OCCURRED Whik at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 21, 1952, to May 23, 1952, that I last saw the deceased alive on May 23, 1952, and that death occurred at 6:18 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Wallace N. Moore M.D. 7701 Carroll Ave., Takoma Park, Md. 5/23/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF May 26. 1952 NAME OF CEMETERY OR CREMATORY Cousville Cemetery LOCATION (City, town, or county) Cousville, (State) Maryland

DATE REC'D BY LOCAL REG. 5-28-52 5-26-52 REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. N.W. 12, D.C. Takoma Park

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 28 1952
BUREAU V. S.

MARG[illegible] RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel; LENGTH OF STAY (In this place) 17 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel; STREET ADDRESS (If rural, give location) Balto., Blvd.

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) E. (Last) Mitchell

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2 March 1882

9. AGE last birthday: 70 Yrs. (yrs.); If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Robert E. White

14. MOTHER'S MAIDEN NAME: Josephine Phelps

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Thomas Mitchell Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovas. Dis	12 yrs.
	(c) Generalized arteriosclerosis	15 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Cholecystitis	15 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/15, 1937, to 5/14, 1952, that I last saw the deceased alive on 5/12, 1952, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE: J M Warren (Degree or title) M.D. ADDRESS Laurel DATE SIGNED 5/15/52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: 17 May 1952

NAME OF CEMETERY OR CREMATORY: Natuonal Capitol Cemetery

LOCATION (City, town, or county) (State): Laurel, Md.

DATE REC'D BY LOCAL REG.: May 15 1952

REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR: F. Gasch's Sons ADDRESS: Hyattsville, Md.

F. Gasch's Sons.

RECEIVED
MAY 19 1952
BUREAU V. S.

05561

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR TOWN and give nearest town) (in this place) Cheverly 5/20-5/28
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) Box 162

3. NAME OF DECEASED (Type or Print): (First) Franklin (Middle) (Last) Morgan

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1952

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 1-19-65
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT & ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: 8 days

443X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive cardiovascular diseases — Unknown

DUE TO (c) Arteriosclerosis, generalized — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1952, to 5/28, 1952, that I last saw the deceased alive on 5/27, 1952, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Julius Kauffman, M.D. ADDRESS 5102 Annapolis Rd., Bladensburg Md. DATE SIGNED 5/28/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 31/52 NAME OF CEMETERY OR CREMATORY Beacon Chapel LOCATION (City, town, or county) Laurel, Md. (State)
DATE RECD BY LOCAL REGISTRAR 5/28/52 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. H. Selby ADDRESS Laurel, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAY 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 725

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Prince George's — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale

LENGTH OF STAY (in this place) 5 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 4711 Sheridan St

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Prince George's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Md

STREET ADDRESS (If rural, give location) 4711 Sheridan St

3. NAME OF DECEASED: (First) Isabelle (Middle) Rachel (Last) Morse

4. DATE OF DEATH: (Month) May (Day) 26, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 8/2/1855

9. AGE last birthday: 96 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Connecticut

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lloyd C. Goodwin

14. MOTHER'S MAIDEN NAME: Olive Jane March

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs Jennie Castella Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic Cardio vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/18, 1952, to 5/26, 1952, that I last saw the deceased alive on 5/25, 1952, and that death occurred at 2:45 A.m., from the causes and on the date stated above.

SIGNATURE AND TITLE: Louis Mendel M.D. — ADDRESS: College Park, Md — DATE SIGNED: 5/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/28/52 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln Cemetery — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG: May 28 1952 — REGISTRAR'S SIGNATURE: James Devery — 24. FUNERAL DIRECTOR: F. Gaehigen Hyattsville Md — ADDRESS

10-415 8-51

RECEIVED
MAY 29 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Cy. Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDMONSTON
STREET ADDRESS (If rural, give location) 4609 EDMONSTON AVE

3. NAME OF DECEASED (Type or Print) (First) Jack (Middle) CADAMUS (Last) Nickolson.
4. DATE OF DEATH (Month) May (Day) 14 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH 9/14/72
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN (RETIRED)
10b. KIND OF BUSINESS OR INDUSTRY RAILROAD
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN R. NICKOLSON
14. MOTHER'S MAIDEN NAME REBECCA CRISMOND
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NONE
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS EMARY E. NICKOLSON - 4600 EDMONSTON AVE HYATTS. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia, Cardiac failure	4 days
610 × Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atalectasis, left lung, post. op.	4 days
	(c) Hypertrophy - prostate	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION May 9, '52
19b. MAJOR FINDINGS OF OPERATION Enlargement prostate and
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 28, 1952, to May 4, 1952, that I last saw the deceased alive on May 13, 1952, and that death occurred at 1:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James M. Tadley ADDRESS 1835 Eye St NW. DATE SIGNED May 14, 1952

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE MAY 16/52
NAME OF CEMETERY OR CREMATORY OAKLAND CHURCH CEMETERY
LOCATION (City, town, or county) (State) KING GEORGE CTY, VA.
DATE REC'D BY LOCAL REG. 5/15/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 19 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 54

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. M5 1951

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant, Maryland
STREET ADDRESS (If rural, give location) 6606 Central Avenue

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle,) (Last) Johnson

4. DATE OF DEATH: (Month) May (Day) 8, (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec. 8 1880

9. AGE last birthday. 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ?

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) cerebral vascular accident

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive Cardio vascular disease

DUE TO

(c)

4438

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) CITY OR TOWN (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/7/52, 19.., to 5/8/52, 19.., that I last saw the deceased alive on 5/8/52, 19.., and that death occurred at 6:50 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Elliott E. Cohen, M.D. College Park Md 5/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 5/12/1952 NAME OF CEMETERY OR CREMATORY Fairview Hill LOCATION (City, town, or county) Maryland (State)

DATE REC'D BY LOCAL REG. 5/8/52 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Robert Mattingly ADDRESS Washington DC

Examiner notified of appeal

RECEIVED
MAY 12 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24V

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carmondy Hills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carmondy Hills
STREET ADDRESS (If rural, give location) 218 - Carmondy Ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) R. (Last) Ragland
4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 1873
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gallerieman
10b. KIND OF BUSINESS OR INDUSTRY: Widower
11. BIRTHPLACE (State or foreign country): Washington D. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John R. Ragland
14. MOTHER'S MAIDEN NAME: Lillian Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or [redacted] of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: James Ragland - 5408 - 3rd St. N. E.

18 MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate [redacted] (a)	Cerebral Hemmhorage	1 hr.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Cerebral Arteriosclerosis	3 YRS.
(c)	Hypertension	3 YRS.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1950 to May 1, 1952, that I last saw the deceased alive on Oct 2, 1951, and that death occurred at 7 40 P m, from the causes and on the date stated above.

SIGNATURE (Degree or title) Herbert G. Brandes, M.D. ADDRESS 400 - W St. N.E. Wash. D.C. DATE SIGNED 5-2-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 5, 1952
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG.: May 5 1952
REGISTRAR'S SIGNATURE: Addie Livingston
24. FUNERAL DIRECTOR ADDRESS: J. William Leis Sons Co (300 - 4th St. N.E. Washington, D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

Dr Malone notified & approves.

A. G. Grandea, M.D.

RECEIVED
MAY 5 1935
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 745

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15A

1. PLACE OF DEATH: COUNTY Prince George's County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier Md
LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3105 Queens Chapel Rd

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier Md
STREET ADDRESS (If rural, give location) 3105 Queens Chapel Rd.

3. NAME OF DECEASED (Type or Print): (First) Emil (Middle) (Last) Reynolds

4. DATE OF DEATH: (Month) May (Day) 6, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug 2, 1904

9. AGE last birthday: 47 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired laborer

10b. KIND OF BUSINESS OR INDUSTRY: Washington Brick Co

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Reynolds

14. MOTHER'S MAIDEN NAME: Bessie Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Roberta Reynolds Mt Rainier Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) coronary occlusion

(c) cardio vascular renal disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis, bronchial asthma

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from, natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J Mahoney M.D. Dep. Med. Exm. Charles-Hyattsville Md. 5-6-52

23. BURIAL CREMATION REMOVAL (Specify) Burial

DATE THEREOF May 9 1952

NAME OF CEMETERY OR CREMATORY Methodist Cemetery

LOCATION (City, town, or county) (State) Bordentown, Va.

DATE REC'D BY LOCAL REG. May 8, 1952

REGISTRAR'S SIGNATURE James Kirby

24. FUNERAL DIRECTOR ADDRESS F. Davis Sons Hyattsville, Md.

RECEIVED
MAY 12
BURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:

COUNTY Prince George's MARYLAND

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Hyattsville

LENGTH OF STAY (in this place) 9 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jones Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Prince George's

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park Md

STREET ADDRESS (If rural, give location) 4910 Erie St,

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Richard Harvey Rhine

4. DATE OF DEATH: (Month) (Day) (Year) May 27, 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: Feb 10, 1874

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor & carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Samuel B Rhine

14. MOTHER'S MAIDEN NAME: Mahalia Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: E B Rhine 6915 B St Seat Pleasant Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage

331 X

Antecedent cause(s) DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Generalized Arteriosclerosis

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to ....., 1952, that I last saw the deceased alive on May 16, 1952, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE William M. Eisner (DEGREE OR TITLE) M.D. ADDRESS 30 B. Ridge Rd. Greenbelt DATE SIGNED 5/29/52

23. BURIAL, CREMATION REMOVAL, (Specify): Burial DATE THEREOF May 29, 1952 NAME OF CEMETERY OR CREMATORY St John's Cemetery LOCATION (City, town, or county) Beltsville Md (State)

DATE REC'D BY LOCAL REG. May 29-1952 REGISTRAR'S SIGNATURE John L. Smith

24. FUNERAL DIRECTOR F. Gaschi sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 905 A Riggs Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Md.
STREET ADDRESS (If rural, give location) 905 A Riggs Rd.

3. NAME OF DECEASED (Type or Print) (First) Edmund (Middle) W (Last) Riley

4. DATE OF DEATH (Month) May (Day) 19 (Year) 1952

5. SEX Mal. 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 1905 9. AGE last birthday 46 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Engineer 11. BIRTHPLACE (State or foreign country) Wash. D.C. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME D. Albert Riley 14. MOTHER'S MAIDEN NAME Corrum Bella Isle.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS Mrs. Florence Riley - 9 A Riggs Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) [illegible] June 51

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic hyperemia

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1951, to May 19, 1952, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] 1195 - [illegible]

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF May 21, 1952 NAME OF CEMETERY OR CREMATORY Mt. Olivet LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. May 22, 1952 REGISTRAR'S SIGNATURE James Severy 24. FUNERAL DIRECTOR Timothy Hanlon ADDRESS 3831 - Ga. Ave. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4/6

RECEIVED
MAY 23 1952
BUREAU V.

Mrs. Severe:-- Hanlon brought this certificate out to me late last evening. It seems as though they had trouble getting in touch with the Doctor.

Mr. Dodd.

5/22/02

J. Severe

5569

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
LENGTH OF STAY (in this place) 43 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10th & Zug Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location) 10th & Zug Rd.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Jane (Last) Showalter
4. DATE OF DEATH (Month) May (Day) 1st (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 27/1872
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph Operator (Retired)
10b. KIND OF BUSINESS OR INDUSTRY Penna. R.R.
11. BIRTHPLACE (State or foreign country) Harrisonburg Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamin Franklin Showalter
14. MOTHER'S MAIDEN NAME Maria Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY No. None
17. INFORMANT Mrs. Elizabeth F. Showalter Bowie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	2 weeks
4200 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephrosclerosis	Years
	(c) Arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease Years

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1950, to 5/1, 1952, that I last saw the deceased alive on 4/30, 1952, and that death occurred at 2:45 A m., from the causes and on the date stated above.

SIGNATURE H. James Kurtz (Degree or title) M.D. ADDRESS RFD Bowie Md. DATE SIGNED 5/1/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 3/1952
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.
LOCATION (City, town, or county) (State) Colmar Manor, Pr. Geo. Md.

DATE REC'D BY LOCAL REG. May 5 1952
REGISTRAR'S SIGNATURE Mrs. Agnes M. Yingling
24. FUNERAL DIRECTOR W. W. Chambers Co. — Riverdale, Md. ADDRESS

May 1, 1952 Mrs. Jas. Sevele (245)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 19..
BUREAU N. S.

70

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fredericksburg, Va.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Handsford (Middle) (Last) Snellings
4. DATE OF DEATH (Month) May (Day) 6 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Nov. 20, 1879
9. AGE last birthday 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Stafford Co Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jack Snellings
14. MOTHER'S MAIDEN NAME Mary Payne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Record Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of face — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

141X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — 6 mo

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-2-52, 19 , to 5-6-, 1952, that I last saw the deceased alive on 5-6-, 1952, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF May 6, 1952
NAME OF CEMETERY OR CREMATORY Wheeler & Thompson
LOCATION (City, town, or county) Fun. Home (State) Fredericksburg Va.
DATE REC'D BY LOCAL REG. May 6, 1952
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Sec'y
24. FUNERAL DIRECTOR F. Gasch's Sons
ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 9 1952
BUREAU OF

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS A13

MARYLAND STATE DEPARTMENT OF HEALTH

05571

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (In this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 609 West North Ave.

3. NAME OF DECEASED (Type or Print) (First) JACOB (Middle) GEORGE (Last) SPAHN
4. DATE OF DEATH (Month) May (Day) 14 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 2-17-1868
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Peter Spahn
14. MOTHER'S MAIDEN NAME Elizabeth Rossmyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS William & Walter Spahn 609 W. North Ave Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	Many Years
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Endocarditis	" "
	(c) General Arteriosclerosis	" "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16-, 1949, to 5-14, 1952, that I last saw the deceased alive on 5-14-, 1952, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE James P. Lands (Degree or title) M.D. ADDRESS Laurel Sanitarium, Laurel, Md. DATE SIGNED 5-14-'52

23. BURIAL, CREMATION REMOVAL (Specify) Rural
DATE THEREOF 5/17/52
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 5/16/52
REGISTRAR'S SIGNATURE H.W. Redmond Jmk
24. FUNERAL DIRECTOR Charles H. Grange & Son ADDRESS 118 W Mt. Royal Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05572

CERTIFICATE OF DEATH

Reg. Dist. No. 345

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4808--51st Place

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston
STREET ADDRESS (If rural, give location) 4808--51st Place

3. NAME OF DECEASED (Type or Print): (First) HORACE (Middle) ELMER (Last) VAN TASSELL
4. DATE OF DEATH: (Month) May (Day) 6th, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: March 15/1870
9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plate Printer(Retired)
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Gov't Print
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Stockford Kennedy VanTassell
14. MOTHER'S MAIDEN NAME: Ivennett Patton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Mrs.Olga Matsudaira 4808--51st Place Edmonston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval between onset and death
Immediate cause	(a) Cerebral Vascular accident	3 days.
443 X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	10 yrs.
	(c) Senile osteoporosis.	8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED White at Work ☐ Not White At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20, 1949, to 5-6, 1952, that I last saw the deceased alive on 5-6, 1952, and that death occurred at 8:11A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R.V.Bomer M.D. 4514 Baltimore St. Hyattsville Md. 5-6-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: May 9/52 | NAME OF CEMETERY OR CREMATORY: Congressional Cem. | LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: May 6 1952 | REGISTRAR'S SIGNATURE: James Seay

24. FUNERAL DIRECTOR ADDRESS: W.W.Chambers Company, Riverdale, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 9 1952
BUREAU U. S.